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**Testimony of Kevin Lembo, State Healthcare Advocate
Before the Human Services Committee
In Support of H.B. 5056
February 5, 2009**

Good morning Senator Doyle, Representative Walker, Senator Kane, Representative Gibbons and members of the Human Services Committee. For the record, I am Kevin Lembo, the State Healthcare Advocate. My office is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health insurance plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

I submit this testimony in favor of HB 5056, AN ACT CONCERNING ELIGIBILITY FOR THE MEDICARE SAVINGS PROGRAMS, which would make more ConnPACE members eligible for the Medicare Savings Programs and Medicare Part D Low Income Subsidies by raising the income level below which consumers can qualify. This is an ideal bill. Representative Schofield, Senator Harris and Senator Prague presented this sound concept previously. Now is the ideal time to move from concept to action. This bill allows people to qualify for substantial assistance in these very tough times and permits the state to shift most of these costs to the federal government.

- First, by qualifying for the Medicare savings program, the Medicare Part B premiums for eligible individuals would be subsidized by the federal government, saving consumers approximately \$1200.00 in out-of-pocket costs;
- Second, qualification for the low-income Medicare subsidy provides consumers access to the Medicare Part D program, which saves the state money by replacing state ConnPACE dollars with federal Medicare reimbursement.
- Third, access to the Part D program should allow most consumers to save money—an estimated \$1000--in the form of lower co-payments on prescriptions – from the current \$16.25 ConnPACE co-payment to as little as \$2.25 per prescription.¹

¹ Drugs that are not covered by Medicare Part D but are covered by the state under ConnPACE, as part of the Medicare Part D wrap-around policy adopted by the legislature and DSS, would still be subject to the

Estimates suggest that this is essentially a break-even proposition for Connecticut. In this circumstance, when offering economic relief to seniors and the disabled comes at no or little risk to the state, this is a win-win piece of legislation. I urge your passage of this bill.

I support SB 344. The bill would re-introduce independent podiatry services as a covered service in the Medicaid program. This service is critical to the many disabled and low-income consumers on Medicaid struggling daily with diabetes and other serious foot maladies.

Thank you for your attention to my remarks. Please contact me at 297-3989 with any questions you might have about my testimony.